

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 19, 2003 8:00 am**  
**Secretary of State**

03-19-2003 90117 029 \*\*\*150.00

**DOCUMENT # 480160**

1. Entity Name

LYNDALE INVESTMENTS, INC.



Principal Place of Business

4257 OAK LANE

P.O. BOX 1526

ST. AUGUSTINE FL 32085

Mailing Address

4257 OAK LANE

P.O. BOX 1526

ST. AUGUSTINE FL 32085



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1647272

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DIMSDALE, JAMES E.

4257 OAK LANE

ST. AUGUSTINE FL 32086

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME               | STREET ADDRESS | CITY-ST-ZIP     | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |
|-------|--------------------|----------------|-----------------|-------|------|----------------|-------------|
|       | P                  |                |                 |       |      |                |             |
|       | DIMSDALE, JAMES E. | 39 OAK LANE    | ST AUGUSTINE FL |       |      |                |             |
|       | V                  |                |                 |       |      |                |             |
|       | DIMSDALE, JOHN E.  | 39 OAK LANE    | ST AUGUSTINE FL |       |      |                |             |
|       | STD                |                |                 |       |      |                |             |
|       | DIMSDALE, RUTH L   | 4257 OAK LANE  | ST AUGUSTINE FL |       |      |                |             |
|       |                    |                |                 |       |      |                |             |
|       |                    |                |                 |       |      |                |             |
|       |                    |                |                 |       |      |                |             |
|       |                    |                |                 |       |      |                |             |
|       |                    |                |                 |       |      |                |             |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE** *James E. Dimsdale* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **3/10/03.904.999-4875**

CR2E034 (10/02)